

FILING VERIFICATION

TO: Personnel Branch Manager
Department of Administrative Services

FROM: _____
(Supervisor)

(Section/Branch/Division) (Station #)

DATE: _____

SUBJECT: Candidate's Name _____

Social Security No. _____

Pursuant to Department of Revenue policy, _____ has
(Section/Branch/Division)
researched the individual income tax filing history of the above referenced individual
being considered for permanent or seasonal employment. The following information has
been verified:

VERIFY THE FILING STATUS FOR THE LAST FOUR (4) YEARS. ENTER THE
YEARS REVIEWED AND PLACE A CHECK MARK BY THE TAX YEARS VERIFIED AS
FILED:

YEAR

YEAR

YEAR

YEAR
